

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: 3-NITROGEN-6,7-DIOXYGEN STEROIDS AND  
USES RELATED THERETO

Attorney Docket Number:: 480117.407C1

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity?:: No

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Jeffery
Middle Name::	R
Family Name::	Raymond
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	#19 – 2658 Morningstar Cr.
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5S 4P4

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Claudia
Middle Name::	E
Family Name::	Kasserra
Name Suffix::	
City of Residence::	North Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	1165 Deep Cove Road
City of mailing address::	North Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V7G 1S4

**Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Yaping  
Middle Name::  
Family Name:: Shen  
Name Suffix::  
City of Residence:: Port Coquitlam  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 2688 Fortress Drive  
City of mailing address:: Port Coquitlam  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V3C 6E3

**Correspondence Information**

Correspondence Customer Number :: **00500**

**Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/845,775	04/30/01
09/845,775	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/200,617	04/28/00

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Inflazyme Pharmaceuticals Ltd.
Street of mailing address::	5600 Parkwood Way, Suite 425
City of mailing address::	Richmond
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V6V 2M2